

**CITIZENS' COMPLAINT INFORMATION (NON-UNIFORMED)**

CHP 240D (NEW 1-99) OPI 081

**CHP USE ONLY**

COMPLAINT NUMBER

PERSON FILING COMPLAINT (LAST, FIRST, M.I.)

AREA ADDRESS STAMP

**Check the appropriate box to indicate how/where you wish to be contacted by an investigator.**☐ MAILING ADDRESS (STREET, APARTMENT NUMBER)

CITY, STATE, ZIP CODE

☐ HOME PHONE NUMBER (INCLUDE AREA CODE)

LOCATION OF OCCURRENCE

☐ WORK PHONE NUMBER (INCLUDE AREA CODE)

DAY, DATE, AND TIME OF OCCURRENCE

DATE OF BIRTH

DRIVER'S LICENSE NUMBER

ARREST/ACCIDENT REPORT OR CITATION NUMBER (IF KNOWN)

**IMPORTANT! PLEASE READ THE FOLLOWING INFORMATION**

This form is not intended for the filing of complaints against peace officers or sworn employees of the CHP. If this is your desire, you should telephone or contact a local office of the CHP for assistance. Alternatively, you may contact the Bureau of Internal Affairs by telephone at (916) 657-7241, or by correspondence at P.O. Box 942898, Sacramento, CA 94298.

The California Highway Patrol has a well-defined procedure for investigating citizens' complaints. Once a complaint is received, it is the responsibility of the involved employee's Commander to ensure a thorough investigation is conducted. Although complaints cannot always be resolved to a citizen's satisfaction, all investigations are conducted objectively, with a goal of maintaining public confidence and departmental integrity. After completion of the investigation, complaints are directed through the chain of command for an impartial review. After final approval, the complainant is provided with a closing written response.

The citizens' complaint process is designed to investigate the allegations of citizens and to make a determination of fact as to any wrongdoing. Therefore, it is important all allegations presented in a complaint to the Department be based on factual information.

The space below is provided for you to make an optional statement regarding your allegations. Please note that a CHP investigator will contact you at a later date and you may provide a more detailed statement or other documentation at that time. After completing this form, it may be returned to your local CHP office or to the Bureau of Internal Affairs as specified above.

Thank you for allowing us this opportunity to address your concerns.

(Continue on reverse if neccessary)

*This section may be used by you and/or the Department to summarize or further clarify your complaint.*